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CONFIRMATION NO. 7125

| SERIAL NUMBER | FILING or 371(c) DATE | CLASS | GROUP ART UNIT | ATTORNEY DOCKET NO. | | |
|---|---|--|---------------------------------|--|---------------------|---------------------------|
| 10/595,306 | 11/17/2006 RULE | 434 | 3715 | PROT0103PUSA | | |
| APPLICANTS Oystein Gomo, Hundvag, NORWAY; ** CONTINUING DATA ***** This application is a 371 of PCT/NO04/00298 10/06/2004 ** FOREIGN APPLICATIONS ***** NORWAY 2003 4465 10/06/2003 ** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 01/09/2007 | | | | | | |
| Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Met after Allowance | STATE OR COUNTRY | SHEETS DRAWINGS | TOTAL CLAIMS | INDEPENDENT CLAIMS |
| Verified and /JERRY-DARYL FLETCHER/ | Examiner's Signature | Initials | NORWAY | 6 | 10 | 5 |
| ADDRESS BROOKS KUSHMAN P.C. 1000 TOWN CENTER TWENTY-SECOND FLOOR SOUTHFIELD, MI 48075 UNITED STATES | | | | | | |
| TITLE Medical patient stimulator | | | | | | |
| FILING FEE RECEIVED 1430 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | | <input type="checkbox"/> All Fees | | |
| | | | | <input type="checkbox"/> 1.16 Fees (Filing) | | |
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